-			
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SEX FION ON DELIVERY		
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Received by (Please Print Clearly) B. Date of D. C. Signature	elive	
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	X ☐ Age		
. Article Addressed to: 10-9-02	D. Is delivery address different from item 1?		
* 0.348 Patrick J. Count 555 12th Agreet, N.W. Washington, DC 20004			
	3. Service Type Certified Mail Registered Return Receipt for Merchand Insured Mall C.O.D.		
	4. Restricted Delivery? (Extra Fee)		
Article Number (Copy from service label)			
S Form 3811, July 1999 Domestic Ref	turn Receipt 102595-00-k		
RECEIVED & INSIGER J	IFIED FCC D2-284 MIMEOGRAPH NO.		
RETURNING	PT REQUESTED		
NAME: PATRICK J. GRAL	H C. R. R. NO.		
555 12th Street, N.C. WAShington, DC ROOM	W. D4		
J	BY		
U.S. Posta			
	ED MAIL RECEIPT		
	ail Only: No Insurance Coverage Provided)		
Article Sent To:	ail Only: No Insurance Coverage Provided)		
	all Only: No Insurance Coverage Provided)		

	CERTIFIED MAIL RECEIPT (Domestic Mail Only: No Insurance Coverage Provided)				
3600	Article Sent To:				
0773	Postage	s 2 00	DCT Postmark		
6	Certified Fee	Z.30	DOT Postmark		
LTI ETI	Return Receipt Fee (Endorsement Required)	175	0 24 me		
	Restricted Delivery Fee (Endorsement Required)		ZUZ SS		
0090	Total Postage & Fees	\$ 60 95	C4-0203		
5	Name (Please Print Clearly) (to be completed by mailer)				
7000	Street, Apt. No.: or FO Box No. 555				
75	City, State, ZIP+4 CAShirigtory				
	FPS Finite 3800, Tur. 1999 See Reverse for Instructions				